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Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A

DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

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Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

For offic	e use only	
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EPARTMENT OR OFFICE	RECEIVING	THE GIFT	OR BEQUEST

Clarinda MHI		5.
Name of Department or Office 1800 N 16th	Claritule, IA 51632	<u> </u>
Mailing Address 712-542-2161	City, State, Zip Code	
Area Code & Telephone No.		

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sue Rehwaldt Hays	
Name	
Mailing Address (if different from above)	City, State, Zip (If different from above)
Sue.RchwaldtHays@iowa.gov	712-542-2161-Eat 3317
Email Address	Area Code & Telephone Number (If different from above)

DONOR OF GIFT OR BEQUEST:

Family of V Reece			
Name			
	Clarinda, IA 51632		
Mailing Address	City, State, Zip Code	9/10	\$ 275.00
		Date of Gift or Bequest	Amount/Value*
vrea Code & Telephone Nun	nber	*value is defined as "fair marke	t value" of item as determined t
Email Address (optional)		*value is defined as *fair marke receiving department or office.	If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof;

Donated clothing for patients

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I. Sue Rehwaldt Hays affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

9/3/10

Date

Signature

Revised 06/08

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

		ري
Clarinda MHI		
Name of Department or Office 1800 N 16th	Clarinda, IA 51632	
Mailing Address 712-542-2161	City, State, Zip Code	
Area Code & Telephone No.		

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Suc Rehwaldt Hays	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Suc.RehwaldiHays@lows.gov	712-542-2161-Ext 3317
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Janelle Pratt			
Name			
	Clarinda, IA 51632		
Mailing Address	City, State, Zip Code	7/10	\$15.00
rea Code & Telephone Nu	mher	Date of Gift or Bequest	Amount/Value*
- a and a raidpilotto (40)	nipol	"value is defined as "fair marke	t value" of item as determined by
mail Address (optional)		receiving department or office.	if no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

Donated clothing for patients

Criteria to use this form:

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Statement of Affirmation:

I, Sue Rehwaldt Hays

affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

9/3/10

Date

Signature

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Governor on behalf of the state	
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DEPARTMEN	IT OR OFFICI	RECEIVING	THE GIFT	OR BEQUEST:
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Clarinda MHI		0
Name of Department or Office 1800 N 16th	Clerinda, IA 51632	5
Mailing Address 712-542-2161	City. State, Zip Code	70
Area Code & Telephone No.		-2
CONTACT PERSON FOR RECIPIENT DEPARTM	MENT OR OFFICE:	(3)
Sue Rehwaldt Hays		
Name		
Mailing Address (if different from above)	City, State, Zip (if different from above)	_
Suc.RehwaldtHsys@iowa.gov	732-542-2161-Ext 3317	
Email Address	Area Code & Telephone Number (if different from above)	_

DONOR OF GIFT OR BEQUEST:

Deb Tornholm Name			
Malling Address	Clarinda, IA 51632 City, State, Zip Code	6/10	\$100.00
Area Code & Telephone Num	ber	Date of Gift or Bequest	Amount/Value*
Email Address (optional)		"value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0,00",	

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Statement of Affirmation:

Sue Rehwaldt Hays

affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

9/3/10 Date